

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

1. Help you understand your medication choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

What is a Prescription Drug List (PDL)?

A PDL is a list of Food and Drug Administration (FDA)-approved brand name and generic medications.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor may refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your health plan include a Summary Plan Description (SPD). Please refer to this document for more details about your individual plan.

Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your health plan.

Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan. You and your doctor decide which medication is appropriate for you.

Tier 1 – Your Lowest-Cost Option

This is your lowest copayment option. For the lowest out-of-pocket expense, you should always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

Tier 2 – Your Midrange-Cost Option

This is your middle copayment option. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is right for your treatment.

Tier 3 – Your Highest-Cost Option

This is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a medication in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be right for your treatment.

Compounded medications, medications with one or more ingredients that are prepared “on-site” by a pharmacist, are classified at the Tier 3 level.

Please note: Check the Drug Pricing / Coverage information on www.myuhc.com, or call the Customer Care number on your ID card for more information about your benefit plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting www.myuhc.com or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the “Preferred Drug List (PDL).” This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

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Who makes tier placement decisions and what factors are considered?

Several factors are considered when deciding the placement of a medication on the UHC Prescription Drug List including the medication's classification. Several committees contribute and evaluate the overall value of the medication to ensure an unbiased approach. Committee members are various health care professionals including pharmacists and physicians with a broad range of specialties.

The two main committees are:

Our National Pharmacy and Therapeutics (P&T) Committee evaluates clinical evidence in order to determine a medication's role in therapy and its overall clinical value. In addition, the P&T Committee reviews the relative safety and efficacy of the medication.

The UnitedHealthcare PDL Management Committee evaluates the clinical recommendations of the P&T committee as well as pharmacoeconomic and economic information. Our PDL Management Committee uses the input from the National P&T Committee and our various other committees to make a tier placement decision based on the overall value of the medication.

The PDL Management Committee helps to ensure access to a wide range of affordable medications for you.

How often will prescription medications change tiers?

Medications may move to a higher tier once per calendar year (January 1). Additionally, when a brand name medication becomes available as a generic, the tier status of the brand name medication will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you.

For the most current information on your pharmacy coverage, please call the Customer Care number on your ID card or visit www.myuhc.com.

What is the difference between brand name and generic medications?

Generic medications contain the same active ingredients as brand name medications, but they often cost less. Generic medications become available after the patent on the brand name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand name medication, ask if a generic equivalent is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest cost option. Go to myuhc.com to determine the copayment for your generic medication.

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Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter medication. Alternative medications may be included on the PDL. Talk to your doctor about the most appropriate medication for you.

When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for many conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are **not covered** under your pharmacy benefit, but they may cost less than your copayment for prescription medications.

Why are there notations next to certain medications in the PDL, and what do they mean?

The specific definitions for these notations (**QLL**, **QD**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs can help:

- Confirm coverage based on your benefit plan
- Alert pharmacists and doctors of potentially harmful medication interactions
- Notify your pharmacist and doctor of duplication in treatments

Please call Customer Care if you need additional information about these notations.

What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177 where a representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit www.myuhc.com or call the Customer Care number on your ID card for more current information.

Log on to myuhc.com for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects, etc.
- Locate a participating retail pharmacy by zip code
- Review your prescription history

What if I still have questions?

Please call the Customer Care number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

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Tier One

Acarbose
 Acebutolol
 Acetaminophen with Caffeine and Butalbital
 Acetaminophen with Codeine **QLL/QD**
 Acetaminophen with Codeine, Caffeine and Butalbital **QLL/QD**
 Acetaminophen with Hydrocodone **QLL/QD**
 Acetazolamide
 Acetic Acid with Hydrocortisone Otic Solution
 Acyclovir Tablet, Capsule, Suspension
 Albuterol Extended Release Tablet
 Albuterol Inhalation Solution
 Albuterol Inhaler **QLL**
 Alendronate **QLL/QD**
 Allopurinol
 Alprazolam
 Alprazolam Extended Release
 Amantadine Tablet, Capsule, Syrup
 Amiloride with Hydrochlorothiazide
 Amiodarone
 Amitriptyline
 Amitriptyline with Chlordiazepoxide
 Amitriptyline with Perphenazine
 Amlodipine
 Amlodipine/Benazepril
 Amoxicillin
 Amoxicillin with Potassium Clavulanate
 Amphetamine with Dextroamphetamine Salt Combination **QLL/QD, N**
 Amphetamine with Dextroamphetamine Salt Combination Capsule, Sustained Release 24 Hour **QD, N**
 Ampicillin
 Antipyrine with Benzocaine Otic Solution
 Apri
 Asmanex **QLL**
 Aspirin with Caffeine and Butalbital
 Aspirin with Codeine, Caffeine and Butalbital
 Atenolol
 Atenolol with Chlorthalidone
 Aviane
 Azathioprine
 Azithromycin Tablet
 Baclofen
 Balsalazide Disodium
 Benazepril
 Benazepril with Hydrochlorothiazide
 Benzonatate
 Benztropine
 Betamethasone Dipropionate Augmented Cream

Betamethasone Dipropionate Cream, Lotion, Ointment, Gel
 Betamethasone Valerate
 Betamethasone with Clotrimazole
 Bisoprolol
 Bisoprolol with Hydrochlorothiazide
 Bromocriptine
 Bumetanide
 Bupropion **N**
 Bupropion HCl XL **N**
 Bupropion Sustained Action **N**
 Bupropion Sustained Release 24 Hour 300mg **N**
 Buspirone
 Butorphanol Nasal Spray **QLL**
 Cabergoline
 Calcitonin Salmon Nasal Spray
 Calcitriol
 Calcium Acetate 667mg
 Captopril
 Captopril with Hydrochlorothiazide
 Carbamazepine
 Carbamazepine Tablet, Sustained Release 12 Hour
 Carbidopa/Levodopa
 Carisoprodol
 Carvedilol
 Cefaclor
 Cefadroxil
 Cefdinir
 Cefprozil
 Cefuroxime
 Cephalixin
 Cesia
 Chlordiazepoxide
 Chlorhexidine
 Chlorthalidone
 Chlorzoxazone
 Cholestyramine
 Cholestyramine with Aspartame
 Ciclopirox Gel, Solution
 Cilostazol
 Cimetidine
 Ciprofloxacin
 Citalopram
 Clarithromycin
 Clathromycin Extended Release
 Clidinium with Chlordiazepoxide
 Clindamycin Capsule
 Clindamycin Gel, Soln, Lotion, Swabs
 Clindamycin Vaginal Cream
 Clobetasol
 Clomipramine
 Clonazepam
 Clonidine
 Clorazepate
 Clotrimazole Troches

Clotrimazole with Betamethasone
 Colestipol Packets
 Cromolyn
 Crystelle
 Cyclobenzaprine
 Cyproheptadine
 Desipramine
 Desmopressin
 Desonide
 Desoximetasone
 Dexamethasone
 Dextroamphetamine **N**
 Dextroamphetamine Sustained Release **N**
 Diazepam
 Diclofenac
 Diclofenac Sodium Drops
 Dicloxacillin
 Dicyclomine
 Diflorasone
 Diflunisal
 Digoxin
 Diltiazem
 Diltiazem Sustained Release
 Diphenoxylate
 Diphenoxylate with Atropine
 Dipyrindamole
 Divalproex Sodium Capsule, Sprinkle
 Divalproex Sodium Tablet, Enteric Coated
 Divalproex Sodium Tablet, Sustained Release
 Dorzolamide HCl 2% Drops
 Dorzolamide/Timoptic Maleate
 Doxazosin
 Doxepin
 Doxepin Cream 5%
 Doxycycline
 Dronabinol
 Econazole
 Enalapril
 Enalapril with Hydrochlorothiazide
 Enpresse
 Eplerenone
 Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital
 Errin
 Erythromycin Base 250, 333mg
 Erythromycin Ethylsuccinate
 Erythromycin Stearate
 Erythromycin with Benzoyl Peroxide
 Estradiol Patch
 Estradiol/Norethindrone Acetate
 Estropipate
 Etidronate Disodium
 Etodolac
 Famciclovir

Some medications are noted with N, QD, or QLL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

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Tier One

Famotidine
Fast Take System
Fast Take Test Strips **QLL**
Felodipine
Fenofibrate
Fentanyl Transdermal System **QLL/QD**
Fexofenadine
Finasteride **N**
Flecainide
Fluconazole 50, 100, 200mg
Fluconazole 150mg
Fludrocortisone
Flunisolide Nasal Spray **QLL**
Fluocinolone
Fluocinonide
Fluocinonide-E
Fluorometholone
Fluorouracil Cream
Fluoxetine
Flurazepam
Flurbiprofen
Fluticasone Nasal Spray **QLL**
Fluvoxamine
Folic Acid
Foradil **QLL**
Fortical
Fosinopril
Fosinopril with Hydrochlorothiazide
FreeStyle Lite Test Strips **QLL**
Freestyle System
Freestyle Test Strips **QLL**
Furosemide
Gabapentin Capsule, Tablet
Galantamine
Gemfibrozil
Gentamicin
Glimepiride
Glipizide
Glipizide Extended Release
Glipizide with Metformin
Glyburide
Glyburide Micronized
Glyburide with Metformin
Glycopyrrolate
Granisetron **QLL**
Guanfacine
Halobetasol Cream, Ointment
Haloperidol
Humalog Vials
Humulin Vials
Hydralazine
Hydrochlorothiazide
Hydrocodone with Homatropine
Hydrocortisone Acetate Suppositories
Hydrocortisone Valerate
Hydromorphone
Hydroxychloroquine

Hydroxyzine
Ibuprofen - Prescription strengths only
Ibuprofen with Hydrocodone
Imipramine
Indapamide
Indomethacin
Ipratropium Inhalation Solution
Isometheptene, Dichloralphenazone and Acetaminophen
Isoniazid
Isosorbide Dinitrate
Isosorbide Mononitrate
Isotretinoin
Isradipine
Itraconazole **QD**
Junel
Junel FE
Kariva
Ketoconazole
Ketoprofen
Ketorolac **QLL**
Labetalol
Lactulose
Lamotrigine
Leflunomide
Lessina
Leuprolide
Levetiracetam
Levothyroxine
Levora
Lidocaine Viscous
Liothyronine
Lisinopril
Lisinopril with Hydrochlorothiazide
Lithium Carbonate
Lithium Carbonate
Controlled Release
Lithium Carbonate
Extended Release
Lorazepam
Lovastatin
Low-Ogestrel
Mebendazole
Medroxyprogesterone 150mg/ml
Medroxyprogesterone Tablet
Mefenamic Acid
Mefloquine
Megestrol
Meloxicam
Meperidine
Meperidine with Promethazine
Mesalamine Enema
Metformin
Metformin Extended Release
Methadone
Methimazole
Methocarbamol
Methotrexate

Methyldopa
Methylphenidate **QLL/QD, N**
Methylphenidate Extended Release
QLL/QD, N
Methylprednisolone
Methyltestosterone with Esterified Estrogens
Metoclopramide
Metolazone
Metoprolol
Metoprolol Sustained Release
Metronidazole
Metronidazole Cream
Metronidazole Vaginal Gel
Microgestin
Microgestin FE
Minocycline
Minoxidil Tablet
Mirtazapine
Mirtazapine Dispersible Tablet
Misoprostol
Moexipril
Mometasone
Mononessa
Morphine
Morphine Sulfate Controlled Release
QLL/QD
Mupirocin Ointment
Nabumetone
Nadolol
Nadolol/Bendroflumethiazide
Naproxen - Prescription strengths only
Necon
Nefazodone
Neomycin/Polymyxin B/Dexamethasone
Neomycin/Polymyxin/Gramicidin
Neomycin/Polymyxin/Hydrocortisone
Nifedipine
Nifedipine Controlled Release
Nifedipine Extended Release
Nisoldipine Extended Release
20, 30, 40mg only
Nitrofurantoin/Nitrofurantoin
Macrocrystals
Nitroglycerin
Nizatadine
Norethindrone
Nortrel
Nortriptyline
Novolin Vials
Novolog Vials
Nystatin
Nystatin with Triamcinolone
Ocella
Ofloxacin Eye Drops
Ogestrel
Omeprazole **N**
Ondansetron **QLL**

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N = Notification. There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

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Tier One

One Touch System
 One Touch Test Strips **QLL**
 One Touch Ultra Test Strips **QLL**
 Orapred Oral Solution
 Orphenadrine
 Orphenadrine Compound
 Oxandrolone
 Oxaprozin
 Oxazepam
 Oxcarbazepine
 Oxybutynin
 Oxybutynin Sustained Release
 Oxycodone
 Oxycodone with Acetaminophen
QLL/QD
 Oxycodone with Aspirin
 Oxycodone with Ibuprofen
 Pantoprazole **N**
 Paroxetine
 Paroxetine HCL Extended Release
 PEG 3350/Powder for Solution
 Penicillin V Potassium
 Pentoxifylline
 Permethrin Cream
 Phenazopyridine
 Phenobarbital
 Phenylephrine with Chlorpheniramine
 and Scopolamine
 Phenylephrine with Hydrocodone
 Phenytoin
 Pindolol
 Piroxicam
 Polymyxin B with Trimethoprim
 Portia
 Potassium Chloride
 Potassium Citrate
 Pravastatin
 Prazosin
 Precision Q-I-D Test Strips **QLL**
 Precision Q-I-D Test System
 Precision Xtra Systems
 Precision Xtra Test Strips **QLL**
 Prednisolone
 Prednisone
 Prenatal Vitamins - Generic prescription
 strengths only
 Primidone
 Probenecid
 Prochlorperazine
 Promethazine
 Promethazine with Codeine
 Promethazine with Dextromethorphan
 Promethazine with Phenylephrine
 Promethazine with Phenylephrine and
 Codeine
 Propafenone

Propoxyphene
 Propoxyphene with Acetaminophen
QLL/QD
 Propranolol
 Propylthiouracil
 Protriptyline
 Pulmicort Flexhaler **QLL**
 Pulmicort Turbuhaler **QLL**
 Quinapril
 Quinapril with Hydrochlorothiazide
QVAR QLL
 Ramapril Capsule
 Ranitidine Syrup
 Reclipsen
 Ribavirin **QLL, N**
 Rifampin
 Risperidone
 Ropinirole
 Salsalate
 Selenium Sulfide
 Sertraline
 Silver Sulfadiazine
 Simvastatin
 Sodium Fluoride
 Solia
 Sotalol
 Spironolactone with
 Hydrochlorothiazide
 Spironolactone
 Sprintec
 Sucralfate
 Sulfacetamide
 Sulfacetamide with Sulfur
 Sulfamethoxazole with Trimethoprim
 Sulfasalazine
 Sulfasalazine EC
 Sulfatrim
 Sulindac
 Sumatriptan Succinate Injection **QLL**
 Sumatriptan Succinate Nasal Spray **QLL**
 Sumatriptan Succinate Tablet **QLL**
 Surestep System
 Surestep Test Strips **QLL**
 Tamoxifen
 Temazepam
 Terconazole **QLL**
 Terazosin
 Terbinafine
 Terbutaline
 Tetracycline
 Theophylline
 Thyroid
 Timolol Drops
 Tizanidine
 Tobramycin
 Tobramycin/Dexamethasone Ophthalmic
 Suspension

Tolmetin
 Topiramate
 Torsemide
 Tramadol
 Tramadol with Acetaminophen
 Trandolapril
 Trazodone
 Tretinoin **QLL/QD, N**
 Tri-Sprintec
 Triamcinolone
 Triamterene with Hydrochlorothiazide
 Triazolam
 Trimethobenzamide
 Trimethobenzamide with Benzocaine
 Trimethoprim
 Trimipramine Maleate
 Trinessa
 Trivora
 Ursodiol
 Velivet
 Venlafaxine
 Ventolin HFA **QLL**
 Verapamil
 Warfarin
 Xopenex HFA **QLL**
 Zaleplon **QD**
 Zolpidem **QD**
 Zonisamide
 Zovia 1/35E
 Zovia 1/50E

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Tier Two

Aceon
 Aciphex **N**
 Actonel **QLL**
 Actonel with Calcium **QLL**
 Actoplus Met
 Actos
 Advair Diskus **QLL**
 Advair HFA **QLL**
 Advicor
 Aldara
 Alphagan P
 Altace Tablet
 Altoprev
 Androderm **QD**
 Androgel **QD**
 Antabuse 250mg
 Antara
 Aranesp **QD, N**
 Aricept
 Aricept ODT
 Arimidex
 Arixtra **QLL**
 Asacol
 Astelin **QLL**
 Atrovent Inhaler
 Avandamet
 Avandaryl
 Avandia
 Avonex **QD**
 Axid Oral Solution
 Azelex
 Azmacort
 Azor
 Bactroban Cream, Nasal Ointment
 Benicar
 Benicar HCT
 Benzamycin
 Betaseron **QLL**
 Betimol
 Betoptic S
 Boniva **QLL**
 Byetta **QLL**
 Bystolic
 Canasa
 Capex Shampoo
 Carac Cream
 Cardizem LA
 Casodex
 Cenestin
 Ciprodex
 Cleocin Vaginal Suppositories
 Climara
 Clindesse
 Combigan
 Combivent **QLL**
 Concerta **QLL, N**

Copaxone **QLL**
 Coumadin
 Cozaar
 Crestor
 Cymbalta **N**
 Dapsone
 Dilantin
 Diovan
 Diovan HCT
 Divigel
 Dovonex
 Duetact
 Effexor XR **N**
 Elestat
 Elmiron
 Emend **QLL**
 Enbrel **QLL/QD, N**
 Enjuvia
 Entocort EC
 Epipen **QLL**
 Epipen Jr. **QLL**
 Epogen **QD, N**
 Esclim
 Estraderm
 Estratest
 Estratest H.S.
 Estring **QLL**
 Evamist
 Evista
 Femara
 Flomax
 Flovent **QLL**
 Flovent HFA **QLL**
 Forteo **QLL, N**
 Fosamax Plus D **QLL**
 Fosrenol
 Frova **QD**
 Gabitril
 Geodon
 Glucagon Emergency Kit **QLL**
 Grifulvin V Tablet
 Humalog Pens/Cartridges
 Humira **QLL/QD, N**
 Humulin Pens/Cartridges
 Hyzaar
 Intal **QLL**
 Janumet
 Januvia
 Lanoxin
 Lantus Vials
 Levaquin
 Levemir
 Lexapro **N**
 Lidoderm **QLL**
 Lindane
 Lipitor

Lipofen
 Lo/Ovral
 Locoid Lipocream
 Lofibra Tablet
 Lotronex **N**
 Lovenox **QLL**
 Lumigan
 Malarone
 Maxalt **QD**
 Maxalt MLT **QD**
 Methergine
 Metrogel
 Metrolotion
 Micardis
 Micardis HCT
 Mirapex
 Nasonex **QLL**
 Neoral
 Neupogen
 Niaspan
 Novolin Pens/Cartridges
 Novolog Pens/Cartridges
 Nutropin/AQ **QLL/QD, N**
 Nuvaring **QLL**
 Nystatin Powder
 Optivar
 Ortho Tri-Cyclen Lo
 Ortho-Prefest
 Oxycontin **QLL/QD**
 Oxytrol
 Pegasys **QLL, N**
 Peg-Intron **QLL, N**
 Plavix
 Prandin
 Premarin
 Premphase
 Prempro
 Prevacid Solutab **N**
 Prevpac
 Procrit **QD, N**
 Proctofoam-HC
 Prograf
 Prometrium
 Protopic **N**
 Pulmicort Respules **QLL**
 Pylera
 Ranexa
 Rebif **QD**
 Relpax **QD**
 Renagel
 Retin-A Micro
 Roferon A **QLL, N**
 Saizen **QLL/QD, N**
 Sanctura XR
 Serevent **QLL**
 Serevent Diskus **QLL**
 Seroquel

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Tier Two

Seroquel XR
Simcor
Singulair
Soriatane
Spiriva **QLL**
Strattera **QLL, N**
Sular 8.5, 10, 17, 25.5, 34mg only
Symbyax
Synthroid
Tazorac **QLL**
Tegretol
Testim 1% **QLL**
Tev-Tropin **QLL/QD, N**
Tilade **QLL**
Travatan
Travatan Z
Tricor Tablet
Triglide
Twinject **QLL**
Vagifem
Valtrex
Vesicare
Vivelle
Vivelle-Dot
Voltaren Gel
Vyvanse **QLL/QD, N**
Vytorin
Welchol
Yaz
Zegerid **N**
Zomig **QD**
Zomig MLT **QD**
Zomig Nasal Spray **QD**
Zovirax Ointment, Cream
Zylet
Zyprexa (Zydis = Tier 3)

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2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Tier Three

| | | |
|-------------------------------------|-----------------------------|------------------------------|
| Abilify | Cutivate | Mentax |
| Accolate | Daytrana QLL, N | Mesnex |
| Aclovate | Denavir | Metadate CD QLL, N |
| Accu-Check System QD | Derma-Smoothe/FS | Miacalcin Nasal Spray |
| Accu-Check Test Strips QLL | Detrol | Mircette |
| Actiq QLL/QD, N | Detrol LA | Modicon |
| Acular | Differin N | Naftin |
| Aggrenox | Diprolene | Nasacort |
| Allegra ODT | Doryx | Nasacort AQ QLL |
| Allegra Suspension | Dostinex | Natelle |
| Allegra-D | Duac | Nestabs RX |
| Alocril | Duac CS | Nexium N |
| Alomide | Efudex Cream | Nitrostat |
| Alora | Elidel N | Nordette |
| Alvesco QLL | Elocon | Norditropin QLL/QD, N |
| Ambien CR QLL/QD, N | Estrostep FE | Noritate |
| Amerge QD | Exforge | Nulev |
| Analpram-HC | Extendryl SR | Nulytely |
| Angeliq | Factive | Omnitrope QLL/QD, N |
| Armour Thyroid | Famvir | Oraped ODT |
| Arthrotec | FemHRT | Ortho Evra QLL/QD |
| Ascensia Autodisc QLL | Fenoglide | Ortho Micronor |
| Ascensia Elite QLL | Finacea | Ortho Tri-Cyclen |
| Atacand | Focalin XR QLL, N | Ortho-Cept |
| Atacand HCT | Genotropin QLL/QD, N | Ortho-Cyclen |
| Augmentin XR | Gynazole-1 | Ortho-Novum |
| Avalide | Gynodiol 1.5mg Tablet | Oscion |
| Avapro | Humatrope QLL/QD, N | Ovcon-35 |
| Avelox | Humibid DM | Ovcon-50 |
| Avinza QLL/QD | Humibid LA | Oxistat |
| Avodart N | Inderal LA | Pataday |
| Axert QD | Intron A QLL, N | Patanase |
| Beconase AQ QLL | Invega | Patanol |
| Benzaclin | Kadian QLL/QD | Paxil CR N |
| Blephamide Eye Drops | Kineret QLL/QD, N | Penlac |
| Caduet | Keppra XR | Pentasa |
| Carbatrol | Ketek | Periostat |
| Carfate Suspension | Klaron | Plexion |
| Catapres-TTS | Lantus Solostar | Ponstel |
| Celebrex | Lescol | Precare Conceive |
| Cenogen Ultra | Lescol XL | Precare Prenatal |
| Cesamet QD | Levitra QD | Premesis RX |
| Chemstrip BG Test Strips QLL | Levothroid | Prenate Advance |
| Cialis QD | Lialda | Prenate GT |
| Ciloxin Ophthalmic Ointment | Locoid | Prevacid Capsule N |
| Cipro HC | Locoid Lipocream | Prevacid Naprapac N |
| Clarinet | Loestrin | Primacare |
| Clarinet D | Loestrin FE | Pristiq N |
| Climara Pro | Loprox | ProAir HFA QLL |
| Clindagel | Lotemax | Proventil HFA QLL |
| Colazal | Lovaza | Provigil QLL, N |
| Colyte | Lunesta QD, N | Prozac Weekly N |
| Combipatch | Luvox CR N | Quixin |
| Combunox QLL | Luxiq | Relenza |
| Coreg CR | Lyrica N | Requip XL |
| Cosopt | Mavik | Restasis N |
| Covera-HS | Maxair Autohaler QLL | Restoril 7.5, 22.5mg |
| | Menest | Rhinocort Aqua QLL |

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2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Tier Three

Ritalin LA **QLL, N**
Rosanil
Rozerem **QD, N**
Sanctura
Sancuso
Seasonique **QD**
Sensipar
Skelaxin
Solodyn
Soma 250mg
Starlix
Stavzor
Symlin **QLL**
Tamiflu **QLL/QD**
Tarka
Tekturna
Tekturna HCT
Tequin
Teveten
Theo-24
Tobradex
Tobradex Eye Ointment
Tracer BG Test Strips **QLL**
Transderm-Scop
Treximet **QD**
Tri-Norinyl
Triaz
Trilipix
Tussionex
Uniretic
Uroxatral
Vantin
Venlafaxine Extended Release
Viagra **QD**
Vigamox
Visicol
Xalatan
Xopenex Solution
Xyzal
Zetia
Zmax
Zymar

NOTE:

- Compounded prescriptions are Tier Three
- Insulin pens & cartridges are Tier Three except for Novolin/Novolog and Humulin/Humalog pens and cartridges which are Tier Two.

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2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Additional Tier Three drugs with a generic equivalent in Tier One

| | | |
|---|--|---|
| Activella (Estradiol/Norethindrone Acetate) | DiaBeta, Micronase, Glynase (Glyburide) | Macrobid (Nitrofurantoin/Nitrofurantoin Macrocrystal) |
| Adderall QLL/QD, N (Amphetamine with Dextroamphetamine Salt Combination QLL/QD, N) | Didronel (Etidronate Disodium) | Medrol Dosepak (Methylprednisolone) |
| Adderall XR QD, N (Amphetamine with Dextroamphetamine Salt Combination Capsule, Sustained Release 24 Hour QD, N) | Diflucan 50, 100, 200mg Tablet (Fluconazole) | Metaglip (Glipizide with Metformin) |
| Aldactone (Spironolactone) | Diflucan 150mg (Fluconazole) | Metrocream (Metronidazole Cream) |
| Allegra QLL/QD (Fexofenadine QLL/QD) | Diprolene AF (Betamethasone Dipropionate Augmented Cream) | Metrogel Vaginal (Metronidazole Vaginal Gel) |
| Altace Capsules (Ramapril Capsule) | Ditropan XL (Oxybutynin Sustained Release) | Mevacor (Lovastatin) |
| Amaryl (Glimepiride) | Duragesic QLL/QD (Fentanyl Transdermal System QLL/QD) | Mobic (Meloxicam) |
| Ambien QD, N (Zolpidem QD) | Duricef (Cefadroxil) | Monopril (Fosinopril) |
| Anaprox (Naproxen) | Dyazide (Triamterene with Hydrochlorothiazide) | Motrin (Ibuprofen) - Prescription strengths only |
| Arava (Leflunomide) | Dynacirc (Isradipine) | Mycelex Troche (Clotrimazole Troche) |
| Ativan (Lorazepam) | Effexor N (Venlafaxine) | Naprosyn (Naproxen) - Prescription strengths only |
| Augmentin ES (Amoxicillin with Potassium Clavulanate) | Elocon Cream, Ointment, Solution (Mometasone) | Neurontin Capsule, Tablet (Gabapentin) |
| Biaxin (Clarithromycin) | Eskalith CR (Lithium Carbonate Controlled Release) | Nizoral (Ketoconazole) |
| Biaxin XL (Clarithromycin Extended Release) | Fioricet (Butalbital with Acetaminophen and Caffeine) | Norvasc (Amlodipine) |
| Buspar (Buspirone) | Flexeril (Cyclobenzaprine) | Ocuflox Eye Drops (Ofloxacin) |
| Calan, Calan SR (Verapamil) | Flonase QLL (Fluticasone Nasal Spray QLL) | Omnicef (Cefdinir) |
| Capoten (Captopril) | Fosamax QLL/QD (Alendronate QLL/QD) | Paxil N (Paroxetine) |
| Cardizem CD except for 360mg strength (Diltiazem Sustained Release 24 Hour Capsule) | Glucophage, XR (Metformin) | Paxil CR N (Paroxetine HCl Extended Release) |
| Cardura (Doxazosin) | Glucotrol, XL (Glipizide) | Percocet 5-325, 7.5-500, 10-650 QLL/QD (Oxycodone with Acetaminophen QLL/QD) |
| Ceftin (Cefuroxime) | Glucovance (Glyburide with Metformin) | PhosLo (Calcium Acetate 667mg) |
| Cefzil (Cefprozil) | Hytrin (Terazosin) | Plendil (Felodipine) |
| Celexa N (Citalopram) | Imitrex Injection QLL (Sumatriptan Injection QLL) | Pletal (Cilostazol) |
| Ciloxan Eye Drops (Ciprofloxacin) | Imitrex Nasal Spray QLL (Sumatriptan Nasal Spray QLL) | Pravachol (Pravastatin) |
| Cipro (Ciprofloxacin) | Imitrex Tablet QLL (Sumatriptan Tablet QLL) | Precose (Acarbose) |
| Cipro XR (Ciprofloxacin) | | Prinivil, Zestril (Lisinopril) |
| Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs) | | Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide) |
| Colazal (Balsalazide Disodium) | | Procardia XL (Nifedipine Extended Release) |
| Colestid (Colestipol) | Inderal (Propranolol) | Proscar N (Finasteride N) |
| Colestid Packets (Colestipol Packets) | Keflex (Cephalexin) | Protonix N (Pantoprazole N) |
| Copegus QLL, N (Ribavirin QLL, N) | Keppra (Levetiracetam) | Provera (Medroxyprogesterone) |
| Coreg (Carvedilol) | Klonopin (Clonazepam) | Prozac N (Fluoxetine) |
| Cytomel (Liothyronine) | Kytril QLL (Granisetron QLL) | Rebetol QLL, N (Ribavirin QLL, N) |
| Darvocet-N QLL/QD (Propoxyphene with Acetaminophen QLL/QD) | Lamictal (Lamotrigine) | Remeron (Mirtazapine) |
| DDAVP (Desmopressin) | Lamisil Tablet (Terbinafine) | Remeron SolTab (Mirtazapine Dispersible Tablet) |
| Depakote (Divalproex Sodium) | Lasix (Furosemide) | Requip (Ropinirole) |
| Depakote ER (Divalproex Sodium Tablet, Sustained Release) | Lithobid (Lithium Carbonate Extended Release) | Restoril 15, 30mg (Temazepam) |
| Depakote Sprinkle (Divalproex Sodium Capsule, Sprinkle) | Lopid (Gemfibrozil) | Risperdal (Risperidone) |
| Depo Provera QLL (Medroxyprogesterone 150mg/ml QLL) | Lopressor (Metoprolol) | Ritalin QLL/QD, N (Methylphenidate QLL/QD, N) |
| Dexedrine SR QLL/QD, N (Dextroamphetamine Sustained Release Capsule QLL/QD, N) | Lotensin (Benazepril) | Ritalin SR QLL/QD, N (Methylphenidate Extended Release QLL/QD, N) |
| | Lotensin HCT (Benazepril with Hydrochlorothiazide) | Robinul Forte (Glycopyrrolate) |
| | Lotrel (Amlodipine/Benazepril) | Sarafem (Fluoxetine) |
| | Lotrisone (Betamethasone with Clotrimazole) | Sonata QLL/QD, N (Zaleplon QLL/QD) |
| | | Sporanox QD (Itraconazole QD) |

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Sular (Nisoldipine Extended Release
20, 30, 40mg only))
Tegretol XR (Carbamazepine Tablet,
Sustained Release 12 Hour)
Tenormin (Atenolol)
Tenoretic (Atenolol with Chlorthalidone)
Terazol (Terconazole)
Topamax (Topiramate)
Toprol XL (Metoprolol Sustained
Release)
Trileptal (Oxcarbazepine)
Trusopt (Dorzolamide HCl 2%)
Tylenol #3 **QLL/QD** (Acetaminophen with
Codeine **QLL/QD**)
Ultracet (Tramadol with Acetaminophen)
Ultram (Tramadol)
Ultravate Cream, Ointment (Halobetasol
Propionate)
Univasc (Moexipril)
Urso, Urso Forte (Ursodiol)
Valium (Diazepam)
Vaseretic (Enalapril with
Hydrochlorothiazide)
Vasotec (Enalapril)
Vicodin **QLL/QD**, Vicodin ES **QLL/QD**
(Acetaminophen with Hydrocodone
QLL/QD)
Vicoprofen (Ibuprofen with
Hydrocodone)
Voltaren (Diclofenac)
Voltaren Tablet (Diclofenac)
Wellbutrin **N** (Bupropion **N**)
Wellbutrin SR **N** (Bupropion Sustained
Release **N**)
Wellbutrin XL **N** (Bupropion HCl XL **N**)
Xanax, Xanax XR (Alprazolam)
Yasmin (Ocella)
Zantac Syrup (Ranitidine Syrup)
Ziac (Bisoprolol with
Hydrochlorothiazide)
Zithromax Tablet (Azithromycin Tablet)
Zocor (Simvastatin)
Zofran **QLL** (Ondansetron **QLL**)
Zofran ODT **QLL** (Ondansetron **QLL**)
Zoloft **N** (Sertraline)
Zonegran (Zonisamide)
Zovirax Tablet, Capsule, Suspension
(Acyclovir)

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